### **DEPARTMENT OF SOCIAL SERVICES**

744 P Street, Sacramento, California 95814

June 17, 2003	REASON FOR THIS TRANSMITTAL
ALL-COUNTY INFORMATION NOTICE NO. I-31-03  TO: ALL COUNTY WELFARE DIRECTORS	[ ] State Law Change [ ] Federal Law or Regulation Change [ ] Court Order or Settlement
ALL COUNTY CAPI PROGRAM MANAGERS	

SUBJECT: JUNE 2003 COST-OF-LIVING ADJUSTMENTS THAT AFFECT THE CASH ASSISTANCE PROGRAM FOR IMMIGRANTS

This All-County Information Notice (ACIN) provides the new Cash Assistance Program for Immigrants (CAPI) payment standards, effective June 1, 2003. The attached CAPI Payment Standards Chart details the payment standards that were effective on June 1, 2003.

As required by Section 18941 of the Welfare and Institutions Code, the CAPI payment standards are based on the Supplemental Security Income/State Supplementary Payment (SSI/SSP) standards, minus \$10.00 for an individual and \$20.00 for a couple. Under the provisions of Assembly Bill (AB) 692 (Chapter 1024, Statutes of 2002), the State SSP Cost-of-Living Adjustment (COLA) was delayed from January 1, 2003 to June 1, 2003. The Governor's previously released Budget assumed that the June 2003 SSP COLA would be suspended. The Legislature had reportedly concurred with the Governor's proposal to suspend the June 2003 SSP COLA due to the severe budget shortfall facing the State. Consequently, the Department notified the Social Security Administration (SSA) earlier this year to delay implementation of the June 2003 SSP COLA pending the expected repeal of the statutory provisions that require the June 2003 SSP COLA. However, the provisions were not repealed, and the Department has recently notified SSA to implement the June 2003 SSP COLA. It is expected that SSI/SSP recipients will receive their retroactive payments by October 1, 2003.

Counties are hereby instructed to implement the June 2003 COLA for CAPI recipients as reflected on the attached CAPI Payments Standards Chart. Counties must also issue retroactive payments to reimburse CAPI recipients the proper amount back to June 1, 2003. The increased CAPI payment standards, which became effective on June 1, 2003, are a result of the State COLA for SSP, and are reflected in the attached chart.

The State COLA does not affect the following values, which are based on the SSI amounts that were effective on January 1, 2003. The following values have not changed since the issuance of ACIN I-92-02 and Errata to ACIN I-92-02, but are repeated here for your convenience:

## PRESUMED MAXIMUM VALUE (PMV) OF IN-KIND SUPPORT AND MAINTENANCE

 To compute this value, take 1/3 of the federal SSI amount and add \$20.00. The PMV remains at \$204.00 for an individual and \$296.33 for a couple.

### ALLOWANCE FOR INELIGIBLE CHILDREN IN DEEMING SITUATIONS

- To compute this allowance, determine the difference between the federal SSI benefit amount for a couple and the federal SSI benefit amount for an individual. The allowance remains at \$277.00.
- This allowance is entered, when appropriate, on the Income Eligibility Worksheet (SOC 452); line B.2.a, when determining a CAPI benefit amount for a case involving deemed income from an ineligible spouse.

# SPONSOR'S ALLOCATION IN ALIEN DEEMING SITUATIONS

- This allocation equals the federal SSI rate for an individual. The allocation remains at \$552.00.
- This allowance is entered, when appropriate, on the Sponsor to Alien Deeming Worksheet (SOC 454), line 2, when determining a CAPI benefit amount for a case involving deemed income from a sponsor.

Any questions regarding these adjustments should be directed to your Operations Analyst at (916) 229-4000.

Sincerely,

Original Signed By Donna L. Mandelstam on 6/17/03

DONNA L. MANDELSTAM
Deputy Director
Disability and Adult Programs Division

Attachment

### **CAPI PAYMENT STANDARDS**

#### EFFECTIVE JANUARY 1, 2003 BASED ON JANUARY 2003 SSI/SSP STANDARDS

	INDEPENDENT LIVING			REDUCED NEEDS			NON-MEDICAL OUT-OF-HOME CARE (NMOHC)					
	RESIDING IN OWN HOUSEHOLD		HOUSEHOLD OF ANOTHER WITH IN-KIND ROOM & BOARD		HOUSEHOLD OF RELATIVE WITH IN-KIND ROOM & BOARD AND CERTIFIED NMOHC		IN LICENSED FACILITY OR HOUSEHOLD OF RELATIVE WITHOUT IN-KIND ROOM & BOARD					
	TOTAL CAPI		TOTAL SSI/SSP	TOTAL CAPI		TOTAL SSI/SSP	TOTAL CAPI		TOTAL SSI/SSP	TOTAL CAPI		TOTAL SSI/SSP
INDIVIDUAL:												
AGED OR DISABLED - without cooking facilities (RMA) 1/ BLIND DISABLED MINOR - living with parent(s) - living with non-parent relative or non-relative guardian	747.00 826.00 809.00 640.00 640.00		757.00 836.00 819.00 650.00 650.00	568.66 N/A 644.66 450.66 450.66		578.66 N/A 654.66 460.66 460.66	730.66 N/A 730.66 730.66		740.66 N/A 740.66	915.00 N/A 915.00 915.00		925.00 N/A 925.00 925.00
COUPLE:	ВОТН САРІ	ONE CAPI, ONE SSI	BOTH SSI/SSP	ВОТН САРІ	ONE CAPI, ONE SSI	BOTH SSI/SSP	ВОТН САРІ	ONE CAPI, ONE SSI	BOTH SSI/SSP	ВОТН САРІ	ONE CAPI, ONE SSI	BOTH SSI/SSP
AGED OR DISABLED						331/335		OINE 331	331/331			
- per couple - without cooking facilities (RMA) 1/	1,324.00 1,482.00	1,334.00 1,492.00	1,344.00 1,502.00	<b>1,079.00</b> N/A	1,089.00 N/A	1,099.00 N/A	<b>1,501.00</b> N/A	1,511.00 N/A	1,521.00 N/A	1,830.00 N/A	1,840.00 N/A	1,850.00 N/A
1 ' '	į ·				•	1,099.00		1,511.00	1,521.00	1 1	1,840.00	,

TITLE XIX MEDICAL FACILITY					
	Individ	ual Couple			
Total CAPI	\$37	\$74			
SSI/SSP	47	94			

1/ RMA - Restaurant Meals Allowance - \$79 Individual; \$158 Couple